

Supplementary Online Content

Haffajee RL, Jena AB, Weiner SG. Mandatory use of prescription drug monitoring programs. *JAMA*. doi:10.1001/jama.2014.18514.

eTable. PDMP Prescriber Use Mandates and Reported Subsequent Changes

This supplementary material has been provided by the authors to give readers additional information about their work.

eTable. PDMP Prescriber Use Mandates and Reported Subsequent Changes^{4,5}

State (Year Implement ed)	Circumstances Requiring a PDMP Check		Subsequent Changes			Penalties for Failure to Check
	Prescriptions	Prescribing Exemptions	No. of PDMP Queries	Quantity Prescribed and Dispensed	No. of Individuals “Doc Shopping” ^a	
Ohio (2011) ^b	Upon initial prescribing of Schedule II-V substances if prescriber has reason to believe treatment will exceed 12 wk (continuously); annually after the initial prescription for courses of treatment that last beyond 1 y for that patient; and if physician believes patient may be abusing or diverting drugs based on enumerated signs (eg, frequently asking for early refills of reported drugs)	Hospice patients	Increased from 911 000 in 2010 to 1.8 million in 2011, 5.4 million in 2012, 7.3 million in 2013, and more than 2 million in the first quarter of 2014	No. of hydrocodone prescriptions and doses decreased by 11.1% and 3.5%, respectively, from 2012 to 2013; No. of oxycodone prescriptions and doses decreased by 8.7% and 1.7%, respectively, from 2012 to 2013; morphine equivalent dose per opioid prescription decreased ~12% from 2010 (58) to 2013 (51)	Decreased from 25/100 000 residents in the first quarter of 2010 to ~10/100 000 in the last quarter of 2013	Disciplinary sanctions by licensing board
Kentucky (2012) ^c	Upon initial prescribing or dispensing of Schedule II and III substances containing hydrocodone; every 3 mo after the initial prescription for	Issued during an emergency or following surgery, patients in hospitals or long-term care facilities, cancer and	Increased from 811 000 in 2011 to ~ 2.7 million in 2012 and ~ 4.6 million in 2013	Overall controlled substance dispensing decreased from ~ 7.4 million doses in the year before to		Disciplinary sanctions by licensing board

	courses of treatment that last beyond 3 mo for that patient; and before prescribing refills or any additional Schedule II or III substances containing hydrocodone	end-of-life treatments, single-dose treatments to relieve symptoms from a procedure		~6.8 million in the year after the mandate		
Tennessee (2013) ^c	Upon initial prescribing of opioids and benzodiazepines for more than 7 d; and every 12 mo after the initial prescription when prescribed controlled substance remains part of the treatment	Hospice patients, issued following surgery (nonrefillable), 7-d supply or less, patients in inpatient or residential settings	Increased from ~124 000/mo in 2011 to ~415 500/mo in 2013	No. of opioid prescriptions decreased from ~1.6 million to ~1.5 million and morphine milligram equivalents dispensed decreased ~6% from August 2012 to July 2013	Decreased by ~36% from August–October 2012 to May–July 2013	Disciplinary sanctions by licensing board
New York (2013)	Prior to prescribing or dispensing any Schedule II-IV substance	Practitioner-administered controlled substances, issued in ED (5-d supply or less), hospice patients, when it is not reasonably practicable to access the registry in a timely manner or registry consultation would adversely affect a patient's	Increased from ~11 000/month from 2010 to June 2013 to ~42 300/day in the 6 mo after the mandate	No. of opioid prescriptions and individuals with opioid prescriptions decreased by ~9.5% from the fourth quarter 2012 to the fourth quarter 2013	Decreased by ~75% from the fourth quarter of 2012 to the fourth quarter of 2013	Fine up to \$2000, up to 1 y in jail, and/or professional misconduct charges that can result in permanent revocation of license

		medical condition				
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Abbreviation: ED, emergency department; PDMP, prescription drug monitoring program.

^aIndividuals with ≥ 5 prescribers and filling at ≥ 5 pharmacies in a 3-month period.

^bIn June 2014, Ohio passed additional, more objective, PDMP mandate requirements effective April 1, 2015.

^cThese states also implemented, in the same year, PDMP enrollment mandates to which they ascribe significant increases in registered users.